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PARTENAIRES POUR LA SANTÉ

ANNUAL REPORT

2011-12



PROTECTING AND PROMOTING
THE HEALTH OF ONTARIANS

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PARTENAIRES POUR LA SANTÉ

MESSAGE FROM THE BOARD OF DIRECTORS

Public Health Ontario (PHO) is pleased to present our 2011-12 Annual Report. In our four years of operation, PHO has established itself as a provincial leader and partner for health in Ontario. With a coordinated, integrated, provincial approach to laboratory testing, surveillance and epidemiology, research, outbreak management and field support, PHO works to keep Ontarians safe and healthy. Working closely with the Ministry of Health and Long-Term Care (MOHLTC) and other partners, PHO has become an integral part of the public health system, delivering on our mandate to provide scientific and technical advice and support for those working to protect and promote the health of Ontarians.

PHO has focused on its key clients: government, public health units, and health care providers and institutions. We strive to bring the best evidence and information forward, to continually advance knowledge and to anticipate and respond to client and system needs. Renewed provincial public health leadership, coordination and collaboration have improved Ontario's capacity to detect and respond to urgent and emergent public health issues such as outbreaks, hospital acquired-infections, environmental concerns and emergency situations.

PHO's 11 public health laboratories provide a critical function in health care, supporting faster more accurate diagnosis and effective treatment. The continuing modernization and transformation of the public health laboratories have significantly reduced test turnaround times so clinicians can make more timely, informed decisions about patient care. Our customer service centre handles more than 300 calls per day, making sure clinicians and institutions get the results they need. PHO's education and professional development programs keep public health professionals, health care providers, scientists, researchers and policymakers up to date with the latest research, evidence and information.

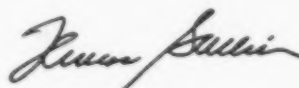
Our new operating name and visual identity, Public Health Ontario, is distinctive and reflects our provincial role, while our tagline "Partners for health" emphasizes our philosophy of collaborating with others to achieve shared goals. We have created a strong and solid foundation that has absorbed and integrated additional transfers of provincial programs and responsibilities while also supporting the achievement of our existing mandate. In 2011-12 we made significant progress in clarifying roles, establishing foundations and necessary agreements and in delivering information, resources, tools and support to our clients and partners.

Significant achievements were made across our program areas:

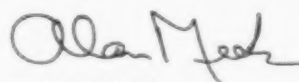
- In 2011-12, PHO welcomed new programs and staff, including The Health Communications Unit, Provincial Infectious Diseases Advisory Committees, Just Clean Your Hands Program, and the Antimicrobial Stewardship Program.
- Completion of the Public Health Architecture transfer of programs and responsibilities from MOHLTC, including the functions of surveillance, outbreak investigation, advice on outbreak control measures, scientific and technical advice and support on communicable disease and environmental health matters, immunization and vaccine-preventable disease and public health library services.
- Careful review and evaluation of transferred programs leading to renewed and enhanced services that are more effective and efficient.
- The introduction of new reports and processes to monitor and track public health issues across Ontario has ensured timely management of issues before they become a risk to the Ontario public.

- The release of two high profile reports that identify the significant burden of chronic diseases for Ontarians and inform actions to help make Ontario a healthier province. *Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario*, a joint PHO – Cancer Care Ontario report, provides recommendations to reduce the burden of chronic disease on the Ontarian population. *Seven more years: The impact of smoking, alcohol, diet, physical activity and stress on health and life expectancy in Ontario*, the second of three burden of disease reports produced by PHO, in collaboration with the Institute for Clinical Evaluative Sciences, assesses the impact of behavioural risk factors on the quality of life and life expectancy.
- The ongoing transformation of the former Public Health Research, Education and Development (PHRED) program into a comprehensive, integrated approach to advancing public health knowledge and practice through research, education and collaboration.
- Implementation of new laboratory platforms and strategies and technologies, such as a new DNA Core laboratory, support improvements in diagnostics, research, surveillance and outbreak management.
- Public health laboratory modernization has enabled efficiency gains and dramatic improvements in test turnaround times, cutting the waiting time for most results by half or better. One example is human immunodeficiency virus (HIV) testing: physicians, clinics and hospitals used to wait six days for HIV test results, they now receive those results within two and a half days. Many test results are delivered the same day as we receive the specimen (such as syphilis, rubella, measles and high volume immunoassay testing). Clinicians now quickly get the information they need to provide care to Ontarians.

A vision for renewed public health leadership, commitment to excellence in service and the protection and promotion of health for all Ontarians is at the core of our work at PHO. On behalf of the board, we thank our partners at the Government of Ontario for their vision and support. We look forward to advancing science, evidence and supporting public health practice in the years ahead.



Dr. Terrence Sullivan
Chair, Board of Directors



Dr. Alan H. Meek
Vice-Chair, Board of Directors



ORGANIZATION OVERVIEW

Public Health Ontario (PHO) is a Crown corporation dedicated to protecting and promoting the health of Ontarians and reducing inequities in health. As a hub organization, PHO links public health practitioners, front-line health workers and researchers to the best scientific intelligence and knowledge from around the world.

PHO's employees and programs span the continuum of disciplines and contribute to advancing the state of public health by providing:

- Scientific and technical advice and support related to infectious disease prevention and control, surveillance and epidemiology, health promotion, chronic disease and injury prevention, environmental and occupational health, and emergency preparedness
- Public health laboratory services
- Professional development and knowledge services
- Evidence and best practices that inform policy and program development at the local, provincial, national and international levels
- Research in both public health and laboratory science
- Emergency management support during health-related emergency or outbreak situations.

Reducing health inequities is a central focus that cuts across all work at PHO. It is critically important to identify, understand and help mitigate the disparities in health status, health behaviours and access to health services which exist across

population groups, while protecting and promoting the health of all Ontarians.

PHO's Board of Directors is committed to excellence in governance, effectively and efficiently exercising its accountability and its oversight for the strategic direction and well-being of the organization. We strive for best practices in management, administration and operations. This is demonstrated by an engaged Board of Directors and management team, supported by comprehensive operational oversight and controls, robust policies and procedures, and ongoing internal and external evaluation and auditing of business practices.

Provincial in scope with appropriate links to other local, provincial, national and international organizations, we build partnerships and draw on the best available expertise — from the local to international levels — to ensure that scientific work meets internationally recognized standards. PHO's network of laboratories, its Regional Infection Control Networks (RICNs), and emerging regional services extend its reach to span all areas of the province.

MISSION, VISION AND VALUES

First proposed by the Agency Implementation Task Force in 2006 and approved and reaffirmed by PHO's board of directors on an annual basis, PHO remains committed to its mission, vision and values.

Mission

PHO is accountable to support health care providers, the public health system and partner ministries in making informed decisions and taking informed action to improve the health and security of all Ontarians, through the transparent and timely provision of credible scientific advice and practical tools.

Vision

PHO will be an internationally recognized centre of expertise dedicated to protecting and promoting the health of all Ontarians through the application and advancement of science and knowledge.

Values

PHO embraces the following values in conducting its business:

- **Credible:** Using the best available research and information, we produce high-quality, evidence-informed products.
- **Responsive:** Every day, our clients and partners working within the health system face a variety of issues in the delivery of care. We respond to their emergent needs and priorities to ensure the health of Ontarians is advanced.
- **Relevant:** The information, advice and support we provide are scientifically sound, timely and provided in a format that ensures they can be used to address the pressing issues of the day.
- **Innovative:** We continually seek new approaches to bridging research and practice, science and context by working with others to create solutions and novel approaches.
- **Collaborative:** As a trusted partner, we are dedicated to advancing and championing the work of others. In this multidisciplinary sector, our success lies in being immersed in the fields of public health, health and research.
- **Balanced:** As an innovative leader, we strive for balance in our actions and our influences: balance between local and provincial priorities, the health protection and health promotion components of our mandate, the advancement and application of knowledge.



DETECTING AND RESPONDING TO URGENT AND EMERGENT PUBLIC HEALTH ISSUES

To protect and promote the health of Ontarians, PHO anticipates, identifies and responds to potential or current public health issues with scientific and technical information, advice and support. Early detection, analysis and response saves lives by preventing disease and reducing risks and issues before they cause harm to Ontarians. With a coordinated, integrated, provincial approach to laboratory testing, surveillance and epidemiology, outbreak management, environmental health assessment and field support, PHO provides information, expertise and support to government, public health units and health care practitioners. We work with our partners to keep Ontarians safe and healthy.

DETECTING AND RESPONDING TO URGENT AND EMERGENT PUBLIC HEALTH ISSUES



Reducing the spread of hospital-acquired infections

Clostridium difficile infections (CDI) occur in all hospitals. Monitoring outbreaks and responding quickly reduces the spread and impact of this infection. PHO works closely with hospitals, long-term care homes and local public health units to track CDI outbreaks and, when the situation persists or worsens, we support the hospital to control the outbreak and minimize risk to vulnerable patients.

In the summer of 2011, at the request of Niagara Health System, PHO sent its Infection Control Resource Team (ICRT) to assist with an outbreak

affecting a number of patients. This team of experts assessed the situation and provided advice on how to deal with the current outbreak and prevent future outbreaks. Throughout the outbreak, we supported communications and developed an online fact sheet to help the public understand this hospital-acquired infection.

Every day, PHO's laboratories conduct routine and specialized CDI testing. Laboratory surveillance has contributed to new knowledge about outbreaks, confirming that a particular strain, NAP1, is primarily responsible for institutional outbreaks in Ontario. Ongoing surveillance and epidemiological support and analysis help in understanding the nature of the outbreaks and what is required to contain them.

We produced best practice guidelines that are followed in all health care settings and set the standard for infection prevention and control practices. Our 14 Regional Infection Control Networks (RICNs) support implementation and monitoring with educational sessions, one-on-one coaching and other resources and tools.

Easy-to-use tools, such as an online calculator for preparing a diluted solution of sodium hypochlorite from a concentrated bleach solution to kill bacteria, help public health units, health

care facilities, child care centres, swimming pool operators, and the general public prevent the spread of infection.

Routine practices such as hand hygiene also reduce CDI and other hospital-acquired infections. In July 2011, the Ministry of Health and Long-Term Care (MOHLTC) transferred the multi-faceted, evidence-based, hand hygiene program, Just Clean Your Hands (JCYH), to PHO.

Shedding light on potential environmental health risks

Our environmental scientists analyze the potential human health effects of environmental health issues. Whether we are helping to address concerns over wireless internet technology or wind turbines, our experts support public health officials in responding to public fears, explaining health risks and putting them in context of other environmental hazards. Armed with the best available scientific evidence, we are called upon to assist boards of health, policymakers and the media to shape the discourse and address the concerns of the public.

Responding to requests from the MOHLTC and Chief Medical Officer of Health (CMOH), PHO helps inform policy decision-makers so that policy decisions that affect the health of the public are based upon an assessment of the best available scientific evidence. This past fiscal year, our environmental

Monitoring outbreaks and responding quickly reduces the spread and impact of infection.



team provided scientific and technical analysis on a range of environmental health concerns, including tritium standards for water, a comparative assessment of the Air Quality Index and Air Quality Health Index for use in Ontario, the epidemiology and health impacts of bedbugs and the toxicity of herbicide mixtures.

Environmental health staff at local public health units identified a need to evaluate air quality in their communities. To fill this important gap, PHO loans air sampling and monitoring equipment to health units in Ontario to assess indoor and outdoor air quality. The availability of this equipment means that health units are better able to gather the information they need to address potential environmental health risks in a timely fashion.

When a tornado disaster struck Goderich in August 2011, PHO supported Huron County Public Health, MOHLTC's

Emergency Management Branch and the Ministry of Labour in addressing concerns about the health risks of asbestos for those involved in the cleanup of debris and the general public. PHO's unique expertise meant local responders had the needed information and support in the wake of the tragedy.

Tackling a complex disease: Lyme disease

Diagnosing and understanding Lyme disease is complex. Clinical diagnosis relies on clinicians being informed of signs and symptoms, tick exposure history and laboratory testing. To assist clinicians and public health practitioners in understanding and mitigating the risks of Lyme disease, PHO developed the technical report, *Update on Lyme Disease Prevention and Control*. The report addresses issues raised by public health units, the CMOH and the public and summarizes the available scientific knowledge on Lyme disease.

Building on the technical report, PHO has done considerable outreach and information sharing. In March 2012, PHO took part in *Tick Talk: Lyme disease and the blacklegged tick*, a course for clinicians hosted by Kingston, Frontenac and Lennox & Addington Public Health. The course explained the epidemiology and likelihood of Lyme disease transmission, provincially and locally, described the signs and symptoms of Lyme disease, the provincial treatment guidelines, and the role of laboratory testing in diagnosis. Several hundred professionals across the province participated in a PHO webinar that described tick surveillance, diagnosis, testing and treatment.



STRENGTHENING ONTARIO'S PUBLIC HEALTH SYSTEM



TEST TURNAROUND TIME IMPROVEMENTS

Type of test	Previous test turnaround time (days)	Current test turnaround time (days)
High volume immunoassay testing	3-6	Same day
Syphilis serology	6	1
Fluella	7	1
Human immunodeficiency virus screen	6	2.5
Hepatitis HBSAg	6	2
Hepatitis diagnostic	6	3.5
Herpes serology	6	4
Measles diagnostic	5	3.5
Human T-lymphotrophic virus screen	6	4.5
Fungus culture susceptibility	14	7.5



Transforming our public health laboratories

PHO's public health laboratories conduct more than four million tests per year and are a critical component of our health care system. The current test menu comprises more than 400 diagnostic, confirmatory or reference tests, including high volume testing for tuberculosis, human immunodeficiency virus, influenza and sexually transmitted infections. PHO continues its ambitious multi-year plan to modernize and renew our laboratory system, achieving operational efficiencies, faster turnaround times and

positive impacts for patients and health care providers across Ontario. In the past year, the implementation of high volume testing platforms significantly reduced test turnaround times so that clinicians have the information they need to make more timely, informed decisions about patient care and public health professionals can more rapidly respond to potential outbreaks.

Our Laboratory Customer Service Centre expanded to serve clients across the entire province. Now handling customer service for all 11 PHO laboratories across Ontario, the centre takes about 300 calls per day. New tools and online resources provide timely and accurate test results, enhanced outbreak communication and easy-to-access expert advice, results interpretation, and specimen collection procedures.

Investments in technology allow us to keep the pulse of the health of the public as we support clinical and outbreak investigations, laboratory surveillance and research. PHO's Computational Biology Centre, a significant molecular technology infrastructure, is a necessary tool for data analysis and management. In the future, the infrastructure will support a research program in genomics and large data-generating technologies, a robust

laboratory surveillance program, detection of emerging and re-emerging pathogens, and rapid data analytic capability for outbreak response and investigation of exigent circumstances. Other improvements enable us to move testing from discovery to clinical application in a short time, including a new DNA Core laboratory and other cutting edge technologies for genomics, metagenomics and proteomics in support of diagnostics, research and outbreak management.

Renewal of the laboratory facilities continues to be a high priority to meet clients and system needs, given the aging laboratory infrastructure transferred to PHO in December 2008. Extensive facilities planning, funded by MOHLTC, was completed for the London, Thunder Bay and Toronto laboratories. Announced by the provincial government in July 2011, the 2014 relocation of our Toronto laboratory to a purpose-built, state-of-the-art facility at the Medical and Related Sciences (MaRS) Phase Two Discovery District in downtown Toronto is proceeding to the design stage and will optimize opportunities for collaboration with neighbouring academic health science centres and leading scientific and technical partners.

STRENGTHENING ONTARIO'S PUBLIC HEALTH SYSTEM



Enhancing the knowledge of public health professionals

PHO's education and professional development programs provide public health professionals, health care providers, scientists, researchers and policymakers with essential information, expertise and networking. We offer a variety of webinars, visiting speakers, workshops and symposiums to ensure that those working in the field are up to date and are able to apply the best scientific and technical evidence to their practice. Addressing the most topical and relevant issues of the day, most events are free and conducted by webinar to reach practitioners across the province.

One example is a well-attended five-part webinar series on emergency management in public health that PHO sponsored throughout 2011. The series covered topics such as the 2011 Japan earthquake and Fukushima nuclear incident, core competencies in health emergency management, and risk and crisis communication. The second annual Vaccine Sciences Symposium brought together 164 individuals to participate in an interactive set of lectures, discussion groups, debates and poster presentations on the most up-to-date information on vaccines.

Another example is the Ontario Public Health Convention (TOPHC), presented by PHO in partnership with the Ontario Public Health Association (OPHA) and the Association of Local Public Health Agencies (ALPHA) to inform, educate and increase professional collaboration and capacity. Only in its second year, TOPHC is fast becoming the annual gathering for public health practitioners in Ontario, advancing public health in Ontario by increasing the knowledge and skills in the workforce. Seven hundred participants from across the province explored the theme "Staying ahead of the curve" with 250 speakers and panellists, in 70 breakout sessions and nearly 30 poster presentations.

Another way PHO enhances the knowledge of public health professionals is through our close work with health units and the MOHLC's Emergency Management Branch on emergency preparedness and response. We developed and are delivering a public health specific Incident Management System (IMS) to ensure the public is protected and our public health partners are prepared to respond effectively.

Chronic diseases cause 79 per cent of deaths in Ontario. To help health units and other partners address this enormous human and economic burden to our society, we work to build capacity to promote health and prevent chronic disease and injuries with training and support to health units and health care intermediaries. Field staff assist health unit staff to plan, conduct and evaluate interventions that improve health and prevent chronic disease and injuries at community and population levels. Services include provincial and regional workshops, webinars, tailored consultations, technical assistance and dissemination of resource materials.

Health units need ready access to resources to guide evidence-based decision-making and interventions and fulfil the requirements of the Ontario Public Health Standards.



Nurturing the next generation of public health professionals

Supporting students and preceptors is an important component of nurturing the next generation of public health professionals. The Student Placement, Education and Preceptorship Network provides a wide range of tools and resources in the areas of orientation, policies, preceptor skills and evaluation. The network held five regional workshops in partnership with health units across the province entitled, "Public health and the 'text' generation." Designed for public health staff who work with students, the workshop content focused on the current generations in the workforce with an emphasis on millennials, the youngest generation.

Attracting and retaining professionals to careers in public health is essential to building a strong, vibrant public health system. In 2011-12, PHIO offered practicum placements to more than 85 students from a range of academic programs and disciplines. PHIO was also a field placement site for three

epidemiologists as part of the Canadian Field Epidemiology Program. The practicums and placements give future public health professionals opportunities to learn about the public health system in Ontario and reinforce the importance of interdisciplinary and inter-professional collaboration in science, research and practice.

Research, education and collaboration — Supporting a stronger, coordinated public health system

In consultation with public health units, associations, and the MOHLTC, PHIO introduced a new program to support research and knowledge exchange with government, public health units and public health practitioners.

The locally driven collaborative project initiative brings health units together to explore a topic, intervention, or program related to a critical public health issue.

Through a series of facilitated workshops, health unit staff, along with community organizations and public health researchers, identifies and prioritizes topics, and develops project proposals to strengthen partnerships and build local research and evaluation capacity.

Health units need ready access to resources to guide evidence-based decision-making and interventions and fulfil the requirements of the Ontario Public Health Standards (OPHS). PHIO implemented an innovative and cost-efficient model to deliver public health library services across the province, the Shared Library Services Partnership. Based on an assessment of provincial capacity and developed in conjunction with the Ontario Public Health Libraries Association (OPHLA), the Partnership ensures access to library resources and services to public health units without an in-house library. Four health units with existing libraries — Middlesex-London Health Unit, Kingston, Frontenac and Lennox & Addington Public Health, Simcoe Muskoka District Health Unit and Thunder Bay District Health Unit — act as hubs to provide access to library services and resources.

In addition to launching and managing the Partnership, PHIO offered regional workshops to 21 health units without libraries on the use of our online virtual library, a suite of bibliographic databases that index thousands of peer-reviewed scientific journals.

PARTNERS FOR HEALTH



PHO provincial public health surveillance services streamline communications and improve access to and timeliness of surveillance data for government and local public health units. Earlier identification and integrated issues management reduces public health risks.



Improving the response to outbreaks and public health events

PHO is committed to working with our partners on improved provincial public health coordination, integration and alignment. Based on the recommendations of a joint MOHLTC-PHO Public Health Architecture Committee, PHO assumed responsibility for surveillance, outbreak investigation, advice on outbreak control measures, scientific and technical advice and support on communicable disease and environmental health matters and public health library services. Fifty-three scientific and technical roles were transferred to PHO from the Public Health Division, MOHLTC. Closer integration of these functions with PHO's laboratory and other services means earlier identification and integrated management of issues like potential food recalls and outbreaks, which reduces public health risks.

We work closely to anticipate and manage new and emerging issues. We received and responded to 269 requests for scientific and technical support from provincial government ministries since July 2011, with the majority originating from the Office of the CMOH and Public Health Division.

Better data for better action

Public health surveillance is the systematic ongoing collection, collation, and analysis of data and the timely dissemination of information to those who need it so that informed action can be taken. PHO provincial public health surveillance services streamline communications and improve access to and timeliness of surveillance data for government and local public health units. We support health unit users of the provincial integrated Public Health



Information System (iPHIS), using its data, other sources and our laboratory information to conduct surveillance of infectious diseases, detect outbreaks, and provide field support for infectious disease tracking. Following a comprehensive field evaluation, we now publish approximately 250 routine infectious disease surveillance reports per year, including 200 daily summaries, 50 weekly reports and 12 monthly reports.

PARTNERS FOR HEALTH



A blueprint for a healthier Ontario: Understanding the burden of chronic diseases

In 2011-12, PHO produced two reports to identify the significant burden of chronic diseases for Ontarians and inform actions to help make Ontario a healthier province.

PHO partnered with Cancer Care Ontario (CCO) to provide an overview of evidence-based policies and other interventions that will reduce exposure to four key risk factors and prevent chronic disease at the population level. Bringing together experts in chronic disease prevention, evidence synthesis, and knowledge exchange, the report,

Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario, was released in March 2012. It summarizes the chronic disease landscape in Ontario and explored the modifiable risks that cause chronic disease including population-level inequities. The report features 22 evidence-based recommendations to inform provincial action to address four of the major risk factors associated with chronic diseases: alcohol misuse, unhealthy eating, physical inactivity and tobacco use. In addition, it recommends a coordinated approach to chronic disease prevention and health inequities in Ontario. The report was well-received by colleagues in the field and sparked an ongoing public dialogue.

PHO partnered with the Institute for Clinical Evaluative Sciences (ICES) to produce *Seven More Years: The Impact of Smoking, Alcohol, Diet, Physical Activity and Stress on Health and Life Expectancy in Ontario*, a report released in early April 2012. This report expands our understanding of the benefits of healthy living by quantifying the impact of behavioural risks on life expectancy and health-related quality of life in Ontario. An online life expectancy calculator was released in conjunction with the report and enabled members of the public to estimate their own life expectancy based on their self-reported behaviours and to identify possible modifications.



Responding to superbugs

PHO works with external partners to protect Ontarians from superbugs like Carbapenem-resistant Enterobacteriaceae (CRE) infections which are caused by multidrug-resistant bacteria. To support hospital, laboratory, infection prevention and control and public health practitioners to prevent and to control infections like CRE, PHO developed guidelines, best practice documents and educational webinars to share information.

PHO worked with hospitals and the CMOH on the collection of data and specimens for analysis. Our laboratories coordinated with partners on

To support hospital, laboratory, infection prevention and control and public health practitioners, PHO develops resources such as guidelines, best practice documents and educational webinars on preventing and controlling infections.

recommendations for laboratory screening and diagnosis of CRE and the reporting of clinical and epidemiologic data for confirmed CRE cases. In addition, the MOHLTC-PHO Joint Liaison Committee's Communicable and Infectious Disease Table assessed the program response to CRE, focusing on voluntary reporting from acute care facilities in conjunction with evidence-based screening and laboratory detection recommendations. These collaborative efforts help ensure effective monitoring and, a better understanding of this superbug and how to protect Ontarians from contracting it.

Strengthening excellence in immunization

PHO is a leader in understanding vaccine safety and effectiveness, tailoring our work to meet the needs of the field. This past year, we implemented new approaches to data gathering and analysis to improve and increase advice to partners, publish scientific products, and present our findings at conferences.

Strong relationships with partners and the field have resulted in significant improvements in the assessment of vaccine safety. Linking data from PHO laboratories with information collected by the Toronto Invasive Bacterial

Diseases Network has enabled us to better understand the impact of pneumococcal and meningococcal disease in Ontario. Working with St. Michael's Hospital in response to a measles outbreak in Quebec, we commissioned an analysis of the risk of a measles outbreak in Ontario considering patterns of travel and likely immunity of those born outside Canada. As a host of the Public Health Agency of Canada (PHAC)/Canadian Institute of Health Research Influenza Research Network (PCIRN), PHO has supported several projects to increase public health capacity in the area of immunization. Our experts are sought after internationally and are involved in a number of committees and working groups of national and international significance.





BUILDING A PROGRAM OF APPLIED PUBLIC HEALTH RESEARCH

From research to practice

Research conducted by PHO scientists supports changes in practice and potentially in policy to better protect and promote the health of Ontarians. During a provincial mumps outbreak, PHO conducted research entitled, "An assessment of mumps vaccine effectiveness by dose during an outbreak in Canada," which was later published in the *Canadian Medical Association Journal* and received international attention. The study found that vaccine effectiveness was increased with two doses versus one.

In 2011-12, PHO conducted a comprehensive human papillomavirus (HPV) vaccine program evaluation. One study, "Ontario's School-based HPV Immunization Program: School board assent and parental consent," was published in the *Canadian Journal of Public Health* in January 2012. We are also working on a Canadian Institutes for Health Research (CIHR) funded research project, "Reducing inequalities in the burden of human papillomavirus (HPV) related diseases in Canada through optimal vaccination and screening policies: A multidisciplinary model-based approach," which began in January 2012.

In February 2012, PHO received a grant from Canada Health Infoway to develop a method to provide timely and locally relevant sexually transmitted infection data via an interactive web-based platform of relevant laboratory based data. The project will create a web platform to deliver the data to each of

the 36 local public health units and the sexually transmitted infection clinicians to help inform their public health strategies. Additionally, the provision of up-to-date public health laboratory data will help inform public health practitioners and policymakers on how to tackle these infections at the provincial level.

Collaborating on the largest single health study in Canada

PHO is a partner with CCO, the Ontario Institute for Cancer Research, and the Canadian Partnership Against Cancer on the Ontario Health Study, a province-wide, longitudinal cohort study, that aims to advance knowledge of the major risk factors for cancer, cardiovascular and other chronic diseases, as well to improve the understanding of the causes of the risk factors themselves. A future resource for Ontario researchers, the study provides the data we need to improve chronic disease prevention and screening. PHO collaboration has enabled development of community-based measures and Geographic Information System (GIS) tools, and a platform for our ongoing population health work. PHO continues to play an active role, chairing the Infectious Disease and Ethics Advisory Committees, co-chairing the Environmental and Occupational Health Working Group, serving on the Scientific Steering Committee, and the study's Executive Committee. Our scientific staff continues to be engaged in developing standard operating procedures for the processing and storage of specimens.

A STRONG AND SOLID FOUNDATION TO REVITALIZE PUBLIC HEALTH

PHO has created a strong and solid foundation that has absorbed and integrated significant transfers of programs and responsibilities during its first four years, while delivering on its mandate to provide scientific and technical advice to those working to protect and promote the health of Ontarians.

Following an extensive consultative and creative process, we established a new visual identity. Effective June 14, 2011, the Ontario Agency for Health Protection and Promotion began operating as Public Health Ontario, or Santé publique Ontario in French. The new easy-to-say name is distinctive and reflects our provincial role in protecting and promoting the health of all Ontarians and reducing inequities in health. Our new tagline, "Partners for health" emphasizes our philosophy of collaborating with others to achieve shared goals.

In 2011-12, PHO welcomed a number of programs and staff:

- The Health Communications Unit
- Provincial Infectious Diseases Advisory Committees
- Just Clean Your Hands Program
- Antimicrobial Stewardship Program
- Public Health Architecture transfer
- Alcohol Policy Network (transfer took place on April 1, 2012).

Each transfer involved evaluation and assessment to ensure we met the needs of our public health partners and delivered on our mandate.

The PHO Laboratories hosted a one-day meeting to evaluate the performance of Ontario's public health laboratory system. The assessment was based on the recommendations for a national report card of performance and gap assessment for public health laboratories that were outlined in the Naylor report, *Learning from SARS – Renewal of Public Health in Canada*. Over 120 stakeholders participated in the assessment, including representatives from PHAC, the Canadian Public Health

Laboratory Network, our bargaining units, Ontario Public Service Employees Union, and the Association of Management, Administrative and Professional Employees of Ontario, our acute and long-term care clients, public health units and ministry partners, as well as the U.S. Association of Public Health Laboratories.

PHO has also established a comprehensive performance measurement and monitoring framework focused on three interrelated elements: underlying data collection systems using common definitions, metrics and tools; dashboards for indicators appropriate to management review of programs and services; and a balanced scorecard for executive and governance oversight. The 2011-12 fiscal year saw the first full year of balanced scorecard reporting on four quadrants of interest: knowledge information and support, clients and partners, organizational learning and growth, and corporate infrastructure. Ongoing refinements and monitoring allow for a quarterly assessment of trends and performance.

In early 2012, we undertook our first organization-wide client satisfaction survey. The survey engaged our clients and stakeholders in measuring and monitoring satisfaction with our overall programs, services and products. The results of the survey are one input to the Board's commissioned review of the first five years of PHO's establishment and will inform the international panel conducting the five year peer review scheduled for June 2012.

Directives issued by the Chief Medical Officer of Health

During the 2011-12 fiscal year, no formal directives were issued by the CMOH.

REPORT ON THE 2011-12 DELIVERABLES

Deliver results and reports

Deliverable/Initiative for 2011-12	Status as of March 31, 2012
Laboratory tests and reporting of results to health care providers, referral laboratories and public health officials, as required	Processed approximately 2.5 million laboratory requisitions, performed over 4 million tests
Undertake scientific and technical assessments and produce reports on issues prioritized by our clients	Completed the following publicly available reports: • Laboratory Recommendations for the Identification of Carbapenem-resistant Enterobacteriaceae (CRE) • Lyme Disease Technical Report • Seven More Years: The Impact of Smoking, Alcohol, Diet, Physical Activity and Stress on Health and Life Expectancy in Ontario • Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario • Updated the following PIDAC products: Routine Practices and Additional Precautions, Annex A: Screening, Testing and Surveillance for Antibiotic-Resistant Organisms in all health care settings, Surveillance of Health Care-Associated Infections
Knowledge products delivered to address client requests	1,291 products (including scientific and technical advice, results and reports, surveillance and field and emergency management support, urgent and non-urgent requests and RICN and iPHIS related requests) were delivered
Establish and maintain standing advisory committees to support public health objectives	Completed PIDAC function transfer, established and managed four infectious disease advisory committees: PIDAC – Infection Prevention and Control, PIDAC – Communicable Diseases, PIDAC – Surveillance, and PIDAC – Immunization. A coordinating committee and supporting secretariat were also established.
Convene one or more scientific panel(s) and/or advisory committee(s) to analyze specific issues prioritized by policy makers, upon request	Convened the following scientific and advisory panels: • Infection Prevention and Control Core Competencies • Resource Centre Advisory Committee • Antimicrobial Stewardship Program Advisory Committee • Five panels to support development of Taking Action to Prevent Chronic Diseases: tobacco, alcohol consumption, healthy eating, physical activity and capacity for change
Participate in and contribute to national and international scientific advisory committees, boards and relevant bodies	On an ongoing basis, PHO staff participates in a wide range of international, federal/provincial/territorial, national and provincial committees, boards and relevant bodies.

Surveillance activities

Deliverable/Initiative for 2011-12	Status as of March 31, 2012
Develop, sustain and enhance surveillance systems across areas of our mandate Integrated surveillance operations including field support for surveillance	- Generated over 200 routine infectious disease surveillance reports, including daily summaries, weekly influenza bulletins and weekly laboratory respiratory pathogen reports (between November and May); then produced biweekly and monthly infectious diseases surveillance reports - Comprehensive infectious diseases surveillance strategy under development - Continue evaluation and assessment of requirements for environmental health and chronic disease and injury surveillance
Enhanced specialized analytic capacity and build capacity for central analytics to provide support for local and provincial population health assessments, including the analysis of health inequities	- Foundational work on core indicators with Association of Public Health Epidemiologists of Ontario (APHEO) complete - Needs assessment and initial development, including prototypes and web interface complete - Development to support online services launch and transition to operations underway - Maintained Geographic Information System (GIS) capacity and provide training, technical advice, analytic tools, field support and emergency management support as required - Health economics capacity developed
Behavioural Risk Factor Surveillance	- Co-organized World Alliance for Risk Factor Surveillance Global Conference, co-lead of local organizing committee - Funded a locally driven collaborative project, "Evaluation of the quality, impact, value, and sustainability of a model to collect provincial data for the Rapid Risk Factor Surveillance System" - Final report completed, <i>Moving Risk and Behaviour Surveillance Forward in Ontario: A Proposal and Recommendations</i> (May 2011)
Continue to develop a population health data acquisition strategy involving MOHLTC, ICES, health units, and other relevant sources	Successfully secured 73 individual data sharing agreements, letters of agreement or collaboration agreements from various external parties including government ministries, local public health authorities, hospital and health care facilities, private sector organizations, and academic institutions (including MOHLTC, ICES, PHAC, all 36 public health units and an agreement to acquire Canadian Community Health Survey Data).
Provide scientific and technical advice and support to provincial information technology projects in surveillance or disease control	Actively participated to provide scientific and technical advice for the Panorama project on the Panorama Executive Steering Committee, the Panorama Project Coordination Committee and the Stakeholder Advisory Committee
Transition enteric laboratory disease reporting for internal purposes from manual to automated	Automated reporting in place as of January 1, 2012

Research

Deliverable/Initiative for 2011-12	Status as of March 31, 2012
Develop, sustain and expand a research program in support of public and population health objectives	• 120 published research articles • Implemented research facilitation services and obtained approval for CIHR Common Grants and Awards Account • Implemented a DNA Core laboratory and acquired new technologies for genomics, metagenomics and proteomics in support of diagnostics, research, surveillance and outbreak management • Construction underway on new bioprocessing and biorepository facilities, supporting the acquisition of automated bioprocessing and DNA extraction platforms
Support ongoing collaboration with provincial partners on the Ontario Health Study and develop a world class research program	Continued involvement in a number of committees, developed biorepository, ready to receive specimens as the next phase of the study moves forward
Foster and facilitate research in public and population health across the Ontario public health sector • Develop and expand partnerships with universities and research institutes	• PHO is a founding partner in the ICES@UofT project • Locally driven collaborative projects launched with 69 representatives from 31 health units, along with representatives from associations, non-profit organizations and academic institutions
Supporting Applied Research and Program Evaluation, Education and Professional Development, and Knowledge Exchange in public health (SRKE)	• Funded six locally driven collaborative projects: 1. A provincial assessment of parenting styles in Ontario 2. Evaluation of the quality, impact, value and sustainability of a model to collect provincial data for the Rapid Risk Factor Surveillance System 3. Embedding a strength-based approach in public health practice 4. An environmental scan of built environment data related to walkability and environmental exposure in urban Ontario 5. Engaging community-based organizations in fall prevention for older adults: Moving from research to action 6. The meaning of "food skills" for two priority populations • Shared Library Services Partnership with four hubs established ensuring access to library services for all local public health units • Virtual Library training in 21 health units • Student Preceptor Services Network initiated, five workshops held • Released conceptual ethics framework and model
Strategic focus on immunization and vaccine science	Established foundation for a hub of vaccine-related activity • Conducted a vaccine effectiveness assessment during a provincial mumps outbreak • Completed a comprehensive human papillomavirus vaccine program evaluation • Partnership with ICES to examine vaccine safety issues • Economic assessments of pneumococcal influenza and HPV vaccines • Partnership with the Toronto Invasive Bacterial Disease Network to examine pneumococcal disease • Participation in multi-provincial influenza vaccine effectiveness study

Education and tools

Deliverable/Initiative for 2011-12	Status as of March 31, 2012
Building capacity within the public health workforce	• More than 87 student placements • Implemented the Student Placement, Education and Preceptorship Network with tools, resources and workshops for health units
Plan and deliver (jointly with OPHA and alPha) an annual conference for public health to focus on: • Networking and collaboration with and between local provincial, national, international practitioners, and researchers • Sharing the latest scientific knowledge and best practices	• TOPHC 2011 in April 2011 with 600 delegates • Planned for TOPHC 2012 to be held in April 2012
Implement a survey to assess the impact of the health promotion capacity building services	Client satisfaction survey complete with 31 health units responding
Implement a comprehensive professional education program for staff of the MOHLTC, public health units, and other clients • Develop an annual professional development and education calendar with a minimum of two events per month • Develop or use a web tool to facilitate just-in-time access to knowledge products from professional development program • Explore ongoing opportunities to disseminate through new mediums, such as social media	• 46 events and workshops with partners • 33 PHO Rounds sessions offered • 894 educational sessions offered by RICNs • Skill building workshops have been conducted: - o Second annual "Outbreak Management Workshop (2011) - Tools to successfully manage outbreaks in health care settings" had 182 registrants - o Syndromic surveillance event had 57 registrants
Continue the development of the Sheela Basrur Centre	Completed • Held competition and awarded student bursary program • Held the third annual symposium • Collaborated with the Sheela Basrur Centre Advisory Council to develop vision and strategic priorities for the Centre • Ongoing management and donor relations for the Sheela Basrur Centre
Co-sponsor a minimum of one professional development event for public health professional groups	• Sponsored speaker Dr. Rumi Chunara from Harvard University to speak at APHEO conference in May 2011 • Provided the Ontario Association of Public Health Dentistry with meeting facilities • Supported Registered Nurses Association of Ontario (RNAO)'s 2012 Nurse Executive Leadership Academy • Sponsor or supporter of: Occupational and Environmental Medical Association of Canada Conference, Canadian Institute of Public Health Inspectors Food4Thought Conference, OPHA Fall Forum, alPha Winter Symposium • An exhibitor or provided other support at: Ontario Society of Medical Technologists Annual Conference, Association of Ontario Municipalities Annual Conference, World Alliance for Risk Factor Surveillance Annual Global Conference, alPha Fall Event at PHO Laboratories, Ontario Hospital Association's HealthAchieve, Health Quality Ontario's Leading Healthcare Quality Summit and Innovations Expo, Chronic Disease Prevention Alliance of Canada Fourth Annual Pan-Canadian Conference

Education and tools (continued)

Deliverable/Initiative for 2011-12	Status as of March 31, 2012
Enhance the knowledge, skills and competencies of PHO staff	• Regular program of continuing education • Showcased internal research initiatives • Undertook a critical review and appraisal of emerging evidence through a journal club • Provided specific training (e.g., privacy management, IMS, program/team specific content based training)
Provide support for dissemination, knowledge exchange, professional development and capacity building related to implementation of the OPHS	Support the implementation of the OPHS through the Supporting Applied Research and Program Evaluation, Education and Professional Development, and Knowledge Exchange in public health (SRKE) program including through the locally driven collaborative projects, PHO Rounds and professional development activities and the capacity building services provided by the Health Promotion Resource Centres, which: • served 68,358 clients • held 193 planning consultations and assessments • had 329 training and capacity building consultations, 83 workshops and 84 referrals and 103 associated training materials, training assessments, etc. • completed 561 communication and knowledge exchange resources and 20 associated activities • led 126 systems planning activities to support 11 regional and provincial networks and communities of practice

Field response

Deliverable/Initiative for 2011-12	Status as of March 31, 2012
Provide and document clinical laboratory advice to clients via Customer Service Centre	Completed – expanded to serve clients across Ontario, receives an average of 300 calls per day
Infection prevention and control activities and promote standardization in health care facilities across Ontario • Ongoing education to complement the PIDAC Best Practice Guidelines • Liaison between MOHLTC, other stakeholders and PHO to ensure timely and consistent infection control information	• Infection Control Resource Teams deployed six times; four of which were to support CDI outbreaks, once for an outbreak of Vancomycin-resistant Enterococcus (VRE), and once was for a combined CDI and VRE. • Epidemiological support to support the investigation of an infection control breach at an endoscopy clinic • Field epidemiologist investigation of a CDI outbreak in Niagara in July 2011 • Antimicrobial stewardship program announced, Ontario-wide hospital survey conducted • Core Competencies program implementation underway to support health care providers in understanding and using basic principles of infection prevention and control • PIDAC released nine best practice documents, some updated and some new guidance documents • Just Clean Your Hands rolled out to all hospitals, long-term care and retirement homes • 894 educational sessions, including in-person, webinar and online education through RICNs
Maintain environmental assessment equipment loan service and provide field support to local health units	• Environmental assessment equipment loaned 14 times • Provided field support on issues such as: asbestos, indoor air quality, ambient air pollution, water quality, raw milk, Wi-Fi, bedbugs, wind turbines, chlorine byproducts and physical hazards
Support the implementation and maintenance of communities of practice for selected topics of public health importance	• Pilot project launched with RICNs • Overall framework for communities of practice developed; implementation to be determined in 2012-13 as part of new website and online service delivery project
Investigate the increase trend in Salmonella Enteritidis in Ontario	• Case control study completed in August 2011 • Analysis ongoing as of March 31, 2012

Emergency management support

Deliverable/Initiative for 2011-12	Status as of March 31, 2012
Provide support for emergency response teams, as required	- Sponsored five-part webinar series on emergency management in public health - Tailored IMS training for public health units
Support environmental and toxicological emergencies - Evaluate protocols and processes - Health Hazards Identification Process	- Piloted IMS education course for public health units and revised course based on feedback from the field - Ongoing support, evaluation and identification provided
Provide scientific and technical support to the MOHLTC's Emergency Management Branch - Identify and facilitate the implementation of best practices in the field - Support the CMOH and Emergency Management Branch in reviewing and updating of the Ontario Health Plan for an Influenza Pandemic (OHPIP)	Ongoing, including support for the review and update of the OHPIP
Update Emergency Management Plan on an annual basis - Finalize Emergency Management Plan - Finalize Business Continuity Plan	Emergency Management Plan consists of Continuity of Operations Plan and Emergency Response Plan - Completed Continuity of Operations Plan in Nov 2011 - Emergency Response Plan has been drafted based upon draft Ministry plan; will be aligned with approved Ministry plan upon receipt

Other

Deliverable/Initiative for 2011-12	Status as of March 31, 2012
Facilitate and support any program transfers which may be mutually agreed to with MOHLTC	The following program transfers were successfully implemented: - Provincial Infectious Diseases Advisory Committees - Just Clean Your Hands Program - Antimicrobial Stewardship Program - Public Health Architecture In addition, PHO managed transfer payments to transition: - The Health Communication Unit from the University of Toronto (April 1, 2011) - The Alcohol Policy Network was prepared for transfer (April 1, 2012) from the Ontario Public Health Association
Provide leadership and coordination to external partner health promotion resource centres	- The Program Training and Consultation Centre - The Ontario Injury Prevention Resource Centre - The Alcohol Policy Network
Ongoing Laboratory Renewal implementation	- Test turnaround times dramatically improved: - High Volume Immunoassay testing same day in and reporting; previously 3-6 days - Syphilis Serology 1 day, previously 6 days - Rubella 1 day, previously 7 days - HIV Screen 2.5 days, previously 6 days - Hepatitis HBSAg 2 days, previously 6 days - Hepatitis diagnostic 3.5 days, previously 6 days - Herpes serology 4 days, previously 6 days - Measles diagnostic 3.5 days, previously 5 days - Human T-lymphotrophic virus (HTLV) Screen 4.5 days, previously 6 days - Fungus Culture Susceptibility 7.5 days, previously 14 days - Completed functional planning for Toronto, London and Thunder Bay laboratories - Ongoing customer service and Laboratory Information System enhancements

Other (continued)

Deliverable/Initiative for 2011-12	Status as of March 31, 2012
Maintenance of Ontario Laboratory Accreditation and Canadian Association of Laboratory Accreditation	Completed
Develop and strengthen collaborative partnerships	- Collaborative partnerships with public health agencies in Canada in progress - Worked collaboratively with CCO to produce an evidence-based report on chronic disease prevention, Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario - Worked collaboratively with ICES on burden of chronic disease report, Seven More Years: The Impact of Smoking, Alcohol, Diet, Physical Activity and Stress on Health and Life Expectancy in Ontario and collaborated on burden of mental health and addictions report, Opening Eyes, Opening Minds (to be released in fall 2012) - Collaborated with OPHA and alPHA to deliver second annual TOPHC - Worked collaboratively with APHEO to development of the APHEO Core Indicators for Public Health in Ontario Project accelerating APHEO's efforts to collate extensive information on each indicator, and to standardize reporting. Information is available online to health units. - Collaborated with Ontario Hospital Association on February 2012 one-day conference: Hospital associated infection surveillance – Tools and Strategies
Improved coordination, integration and alignment between the MOHLTC and PHO	- Joint Liaison Committee established Communicable and Infectious Disease Table and the Business and Accountability Subcommittee - Established integrated daily coordinated mechanism for issues management and ongoing response - Participated on Public Health Leadership Council - Collaboration with the MOHLTC on revisions to the Health Equity Assessment Tool and the supplement guide for health units (launched May 2012)

FINANCIAL PERFORMANCE

Financial results

Public Health Ontario has managed its resources in a prudent and careful manner. After returning funds to the consolidated revenue fund, PHO ended the year in a balanced position.

During the year, the MOHLTC provided funding related to a number of additional new transferred programs and responsibilities. Absorbing these program transfers had a significant impact on PHO's service delivery requirements and existing operations resulting in delays in implementation of some activities that contributed to the surplus relative to the original budget.

PHO acknowledges the funding from the MOHLTC for the transferred programs and responsibilities which occurred late in the fiscal year. The initial focus on transferred program assessment, evaluation and development contributed to the one-time operating surplus of \$2.4 million to be returned to the government.

Accounting standards

Public Health Ontario has applied Canadian public sector accounting standards using the option to apply sections of the Canadian Institute of Chartered Accountants (CICA) Public Sector Accounting (PSA) Handbook available for government not-for-profit organizations.

FINANCIAL STATEMENTS

Ontario Agency for Health Protection and Promotion [operating as Public Health Ontario]

March 31, 2012

Independent Auditors' Report

To the Members of

Ontario Agency for Health Protection and Promotion

We have audited the accompanying financial statements of *Ontario Agency for Health Protection and Promotion [operating as Public Health Ontario]*, which comprise the statement of financial position as at March 31, 2012 and the statements of operations and net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' responsibility

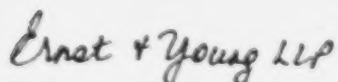
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of *Ontario Agency for Health Protection and Promotion [operating as Public Health Ontario]* as at March 31, 2012 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

The logo for Ernst & Young LLP, featuring the company name in a stylized, handwritten-style script.

Chartered Accountants

Licensed Public Accountants

FINANCIAL STATEMENTS

Ontario Agency for Health Protection and Promotion [operating as Public Health Ontario]

March 31, 2012

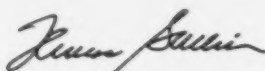
Statement of Financial Position

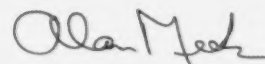
[in thousands of dollars]

As at March 31	2012 \$	2011 \$
ASSETS		
Current		
Cash	31,987	29,026
Accounts receivable [note 3]	1,496	2,146
Prepaid expenses	1,612	968
Total current assets	35,095	32,140
Restricted cash [note 4]	9,728	7,596
Accounts receivable [note 3]	—	840
Capital assets, net [note 5]	18,277	18,573
	63,100	59,149
LIABILITIES AND NET ASSETS		
Current		
Accounts payable and accrued liabilities	32,476	30,217
Total current liabilities	32,476	30,217
Deferred capital asset contributions [note 6]	20,159	19,413
Deferred contributions [note 7]	3,077	2,377
Accrued benefit liability [note 8]	5,652	5,797
Other liabilities	1,736	1,345
Total liabilities	63,100	59,149
Commitments and contingencies [note 11]	—	—
Net assets	—	—
	63,100	59,149

See accompanying notes

On behalf of the Board:


Director


Director

Statement of Operations and Net Assets

[in thousands of dollars]

Year ended March 31	2012	2011
	\$	\$
REVENUE		
Ministry of Health and Long-Term Care	126,177	116,666
Ministry of Health and Long-Term Care [formerly Ministry of Health Promotion and Sport]	3,585	3,657
Amortization of deferred capital asset contributions [note 6]	5,451	4,853
Other grants	807	1,342
Miscellaneous recoveries	1,342	740
	137,362	127,258
EXPENSES [note 8]		
Public health laboratory program	89,581	89,374
Science and public health programs	30,376	21,885
General and administration [note 9]	11,954	11,146
Amortization of capital assets [note 5]	5,451	4,853
	137,362	127,258
Excess of revenue over expenses for the year	—	—
Net assets, beginning of year	—	—
Net assets, end of year	—	—

See accompanying notes

FINANCIAL STATEMENTS

Ontario Agency for Health Protection and Promotion [operating as Public Health Ontario]

March 31, 2012

Statement of Cash Flows

[in thousands of dollars]

Year ended March 31	2012 \$	2011 \$
OPERATING ACTIVITIES		
Excess of revenue over expenses for the year	—	—
Add (deduct) items not affecting cash		
Amortization of deferred capital asset contributions	(5,451)	(4,853)
Amortization of capital assets	5,451	4,853
	—	—
Changes in non-cash operating items		
Decrease (increase) in accounts receivable [note 10]	1,490	(887)
Increase in prepaid expenses	(644)	(317)
Decrease (increase) in restricted cash	(2,132)	88
Increase in deferred contributions	700	316
Increase in other liabilities	391	793
Increase (decrease) in accounts payable and accrued liabilities [note 10]	(599)	12,690
Net change in accrued benefit liability	(145)	447
Cash provided by (used in) operating activities	(939)	13,130
CAPITAL ACTIVITIES		
Acquisition of capital assets [note 10]	(2,297)	(2,042)
Cash applied to capital activities	(2,297)	(2,042)
FINANCING ACTIVITIES		
Contributions for capital asset purchases [note 10]	6,197	4,849
Cash provided by financing activities	6,197	4,849
Net increase in cash during the year	2,961	15,937
Cash, beginning of year	29,026	13,089
Cash, end of year	31,987	29,026

See accompanying notes

NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2012

1. DESCRIPTION OF THE ORGANIZATION

Ontario Agency for Health Protection and Promotion ["OAHPP"] was established under the Ontario Agency for Health Protection and Promotion Act, 2007 as a corporation without share capital. OAHPP's mandate is to enhance the protection and promotion of the health of Ontarians, contribute to efforts to reduce health inequities, provide scientific and technical advice and support to those working across sectors to protect and improve the health of Ontarians and to carry out and support activities such as population health assessment, public health research, surveillance, epidemiology, planning and evaluation.

Under the Ontario Agency for Health Protection and Promotion Act, 2007, OAHPP is primarily funded by the Province of Ontario.

OAHPP as an agency of the Crown is exempt from income taxes.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared in accordance with Canadian public sector accounting standards as established by the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants. OAHPP has elected to follow PS 4200-4270 in the Public Sector Accounting Handbook.

Revenue recognition

Unrestricted contributions are recognized as revenue when received or receivable, if the amount to be received can be reasonably estimated and collection is reasonably assured. Externally restricted contributions are recognized as revenue in the period in which the related expenses are incurred.

Capital assets

Capital assets are recorded at acquisition cost. Contributed capital assets are recorded at fair market value at date of contribution. Amortization is provided on a straight-line basis based upon the estimated useful service lives of the assets as follows:

Building service equipment	5-30 years
Other equipment	5-10 years
Furniture	5-20 years
Leasehold improvements	Over the term of the lease

NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2012

Inventory and other supplies held for consumption

Inventory and other supplies held for consumption are expensed when acquired.

Employee future benefits

Contributions to multi-employer, defined benefit pension plans are expensed when contributions are due.

Other employee future benefits are non-pension benefits that are provided to certain employees and are accrued as the employees render the service necessary to earn these future benefits. The cost of these future benefits is actuarially determined using the projected unit credit method, prorated on service and management's best estimate of expected salary escalation and retirement ages of employees. Net actuarial gains and losses related to the employee future benefits are amortized over the average remaining service life of the related employee group. Employee future benefit liabilities are discounted using the average interest cost for the Province of Ontario's net new debt obligations with maturities that correspond to the duration of the liability.

Allocation of expenses

The costs of each function include the costs of personnel and other expenses that are directly related to the function. General support and other costs are not allocated.

Contributed materials and services

Contributed materials and services are not recorded in the financial statements.

Foreign currency translation

Revenue and expenses denominated in foreign currencies are translated into Canadian dollars at the transaction date. Monetary assets and liabilities denominated in foreign currencies are translated into Canadian dollars at the exchange rate in effect at year end. Gains or losses arising from translation of short-term monetary assets are included in the statement of operations.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from these estimates.

3. ACCOUNTS RECEIVABLE

Accounts receivable consists of the following:

	2012	2011
	\$	\$
Ministry of Health and Long-Term Care	—	1,420
Trade	894	481
Harmonized Sales Tax	602	1,085
	1,496	2,986
Less amount recorded as long-term [note 6]	—	(840)
	1,496	2,146

4. RESTRICTED CASH

[a] Restricted cash consists of the following:

	2012	2011
	\$	\$
Ministry of Health and Long-Term Care [notes 4[b] and 8[b]]	9,397	7,282
Sheela Basrur Centre [note 7[a]]	331	314
	9,728	7,596

Restricted cash from Ministry of Health and Long-Term Care ["MOHLTC"] represents funding received in connection with the liability assumed by OAHPP in connection with severance [note 8[b]] and other credits [primarily accrued vacation pay] related to employees who transferred to OAHPP [Ontario public health laboratories in 2008 and Public Health Architecture in 2011] and unspent cash pertaining to capital projects. Funds associated with severance and other credits are drawn down when transferred employees leave employment with OAHPP.

NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2012

[b] The continuity of MOHLTC restricted cash is as follows:

2012				
	Severance credits \$	Other credits \$	Capital projects \$	Total \$
Restricted cash, beginning of year	5,966	1,316	—	7,282
Restricted cash received	309	211	1,882	2,402
Interest earned	75	17	—	92
Restricted cash drawdown [note 8[b]]	(351)	(28)	—	(379)
Restricted cash, end of year	5,999	1,516	1,882	9,397

2011			
	Severance credits \$	Other credits \$	Total \$
Restricted cash, beginning of year	6,136	1,338	7,474
Interest earned	58	13	71
Restricted cash drawdown [note 8[b]]	(228)	(35)	(263)
Restricted cash, end of year	5,966	1,316	7,282

5. CAPITAL ASSETS

Capital assets consist of the following:

	2012		
	Cost	Accumulated amortization	Net book value
	\$	\$	\$
Building service equipment	369	119	250
Other equipment	24,839	11,842	12,997
Furniture	2,072	1,151	921
Leasehold improvements	6,023	1,914	4,109
	33,303	15,026	18,277

	2011		
	Cost	Accumulated amortization	Net book value
	\$	\$	\$
Building service equipment	476	91	385
Other equipment	20,369	7,591	12,778
Furniture	1,905	743	1,162
Leasehold improvements	5,398	1,150	4,248
	28,148	9,575	18,573

NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2012

6. DEFERRED CAPITAL ASSET CONTRIBUTIONS

Deferred capital asset contributions represent the unamortized amount of contributions received for the purchase of capital assets. The amortization of deferred capital asset contributions is recorded as revenue in the statement of operations. The continuity of the deferred capital asset contributions balance is as follows:

	2012	2011
	\$	\$
Deferred capital asset contributions, beginning of year	19,413	17,737
Contributions for capital purposes	6,197	6,529
Amortization of deferred capital asset contributions	(5,451)	(4,853)
Deferred capital asset contributions, end of year	20,159	19,413
Unspent deferred capital asset contributions [notes 3 and 4[b]]	(1,882)	(840)
Deferred capital asset contributions spent on capital assets	18,277	18,573

7. DEFERRED CONTRIBUTIONS

[a] Deferred contributions consist of unspent externally restricted grants and donations for the following purposes:

	2012	2011
	\$	\$
Severance credits	1,226	1,270
Sheela Basrur Centre [note 4]	331	314
Other	1,520	793
	3,077	2,377

[b] Deferred contributions for severance credits represent the difference between the restricted cash held for severance credits and the portion of the accrued benefit liability associated with service prior to the transfer of employees of the laboratories to OAHPP [note 8[b]].

[c] Deferred contributions for the Sheela Basrur Centre [the "Centre"] represent unspent funds held by OAHPP restricted for the Centre's outreach programs. In addition to these funds, \$195 [2011 - \$187] is held by the Toronto Community Foundation for the benefit of the Centre and its programs.

Named after the late Dr. Sheela Basrur, a former Chief Medical Officer of Health for the Province of Ontario, the Centre was created to become a prominent provider of public health education and training.

8. EMPLOYEE FUTURE BENEFIT PLANS

[a] Multi-employer pension plan

Certain employees of OAHPP are members of the Ontario Public Service Employees Union ["OPSEU"] Pension Plan, the Healthcare of Ontario Pension Plan ["HOOPP"] or the Ontario Public Service Pension Plan ["PSPP"], which are multi-employer, defined benefit pension plans. These pension plans are accounted for as defined contribution plans. OAHPP contributions to the OPSEU Pension Plan, HOOPP and PSPP during the year amounted to \$2,422 [2011 - \$1,865], \$1,971 [2011 - \$1,568], and \$557 [2011 - \$388], respectively, and are included in expenses in the statement of operations.

[b] Severance credits

OAHPP assumed the non-pension post-employment defined benefit plans provided to employees from the Government of Ontario as part of the transfer of employees from Ontario public health laboratories [in 2008] and Public Health Architecture [in 2011]. These defined benefit plans provide a lump sum payment paid on retirement to certain employees related to years of service. The latest actuarial valuation for the non-pension defined benefit plan was performed as of March 31, 2012. OAHPP measures its accrued benefit obligation for accounting purposes as at March 31 of each year based on an extrapolation from the latest actuarial valuation.

Additional information on the benefit plans is as follows:

	2012	2011
	\$	\$
Accrued benefit obligation	5,610	5,726
Plan assets	—	—
Plan deficit	5,610	5,726
Unamortized actuarial gains	42	71
Accrued benefit liability, end of year	5,652	5,797

The continuity of the accrued benefit liability as at March 31 is as follows:

	2012	2011
	\$	\$
Accrued benefit liability, beginning of year	5,797	5,350
Transfer of Public Health Architecture staff liability	245	—
Expense (recovery) for the year	(39)	675
Contributions to cover benefits paid [note 4[b]]	(351)	(228)
Accrued benefit liability, end of year	5,652	5,797

NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2012

The significant actuarial assumptions adopted in measuring OAHPP's accrued benefit obligation and expense are as follows:

	2012	2011
	%	%
Accrued benefit obligation		
Discount rate	4.50	5.30
Rate of compensation increase	3.25	3.50
Rate of inflation	2.25	2.50
Expense		
Discount rate	5.30	5.30
Rate of compensation increase	3.50	3.50
Rate of inflation	2.50	2.50

9. DIRECTORS' REMUNERATION

The Government Appointees Directive requires the disclosure of remuneration paid to directors. During the year ended March 31, 2012, directors were paid \$25 [2011 - \$19].

10. SUPPLEMENTAL CASH FLOW INFORMATION

The change in accounts payable and accrued liabilities related to the purchase of capital assets is adjusted for capital assets received but not paid for as at year end of \$2,858 [2011 - \$3,647] and has been excluded from the statement of cash flows.

The change in accounts receivable related to contributions for capital asset purchases is adjusted for contributions receivable but not received as at year end of nil [2011 - \$840] and has also been excluded from the statement of cash flows.

11. COMMITMENTS AND CONTINGENCIES

[a] Under the Laboratories Transfer Agreement, MOHLTC is responsible for all obligations and liabilities in respect of the public health laboratories that existed as at the transfer date or which may arise thereafter and have a cause of action that existed prior to the transfer date of December 15, 2008.

[b] OAHPP is a member of the Healthcare Insurance Reciprocal of Canada ["HIROC"]. HIROC is a pooling of the liability insurance risks of its members. All members of the pool pay annual deposit premiums which are actuarially determined and are expensed in the current year. These premiums are subject to further assessment for experience gains and losses, by the pool, for prior years in which OAHPP participated. To March 31, 2012, no assessments have been received.

[c] The committed future minimum annual payments under operating leases consist of the following:

	\$
2013	9,480
2014	8,081
2015	3,393
2016	3,405
2017	2,932
Thereafter	5,423

12. COMPARATIVE FINANCIAL STATEMENTS

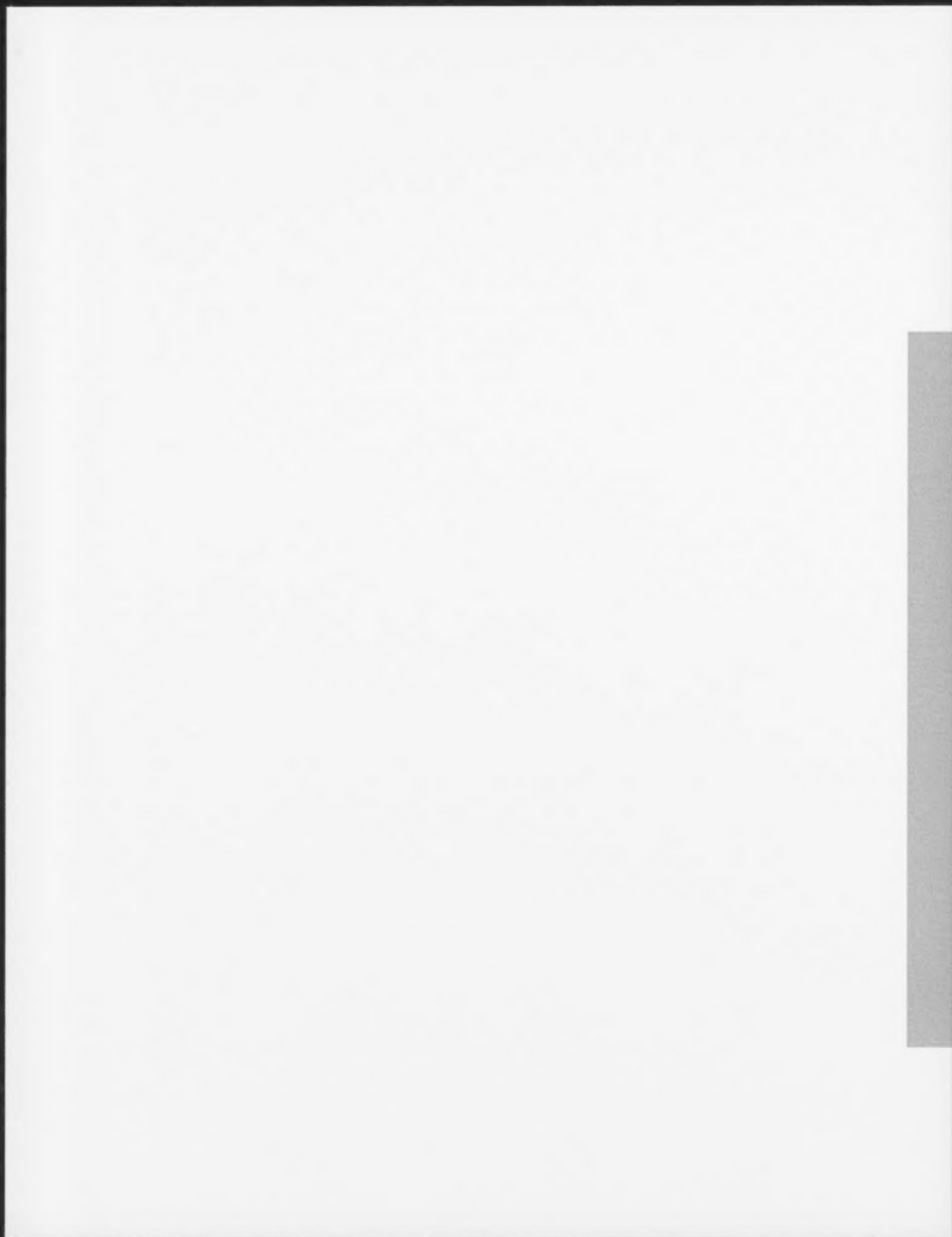
The comparative financial statements have been reclassified from statements previously presented to conform to the presentation of the 2012 financial statements.

BOARD OF DIRECTORS

APPOINTEES TO THE BOARD OF DIRECTORS

Name	Location	First Appointed	Current Term length (years)	Current Term
Tony Dean	Toronto	October 20, 2010	3	October 20, 2010 – October 19, 2013
Janet Hatcher Roberts	Ottawa	May 6, 2009	3	May 6, 2009 – May 5, 2012
Sandra Laché	Sudbury	October 20, 2010	3	October 20, 2010 – October 19, 2013
Warren Law	Toronto	May 6, 2009	3	May 6, 2009 – May 5, 2012
Richard Massé	Montréal	June 27, 2007	2	June 27, 2011 – June 26, 2013
Alan Meek (Vice-Chair)	Guelph	August 12, 2008	3	September 12, 2009 – September 11, 2012
Liana Nolan*	Waterloo	July 25, 2007	2	July 25, 2011 – July 24, 2013*
Pierre Richard	Ottawa	May 6, 2009	3	May 6, 2009 – May 5, 2012
Ronald St. John	Ottawa	November 3, 2010	3	November 3, 2010 – November 2, 2013
Terry Sullivan (Chair)	Toronto	July 25, 2007	3	July 25, 2011 – July 24, 2014
David Walker	Kingston	June 27, 2007	3	June 27, 2011 – June 26, 2014
Carole Weir	Kingston	May 6, 2009	3	May 6, 2009 – May 5, 2012

*The Member announced her early retirement from the Board of Directors effective June 15, 2012.



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PARTNERS FOR HEALTH

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